	TYPE OF	RECORD DESIRE	D (Enter Nur	nber of Copi	es)	2 16
Search and Certified Transcript  A Certified Transcript is an abstract from the marriage record issued under the seal of the town/city clerk. It includes the names of the contracting parties, their residence at the time the license was issued, date and place of marriage as well			Search and Fee \$10.00 Certified Copy per copy  A Certified Copy includes all of the items of information occurring on the original record of the marriage.			
as date and place of birth o	of the bride and groom.	A Certified Copy may be needed where proof of parentage and certain other detailed information may be required such as: passports, veteran's benefits,				
A Certified Transcript may I	be used as proof that a n	namage occurred.	court proceedings,	or settlement of an es	tate.	-
Bride/Groom/Spouse						
Name (as recorded on marriage license):					Date of Birth: (or age at time of marriage)	
First	Middle	Last		Birth Name (if d		
If Previously Married, Sta	te Name Used at that	Time:		Residence	(at time o	of marriage):
First	Middle Last				County	State
Bride/Groom/Spouse						
Name (as recorded on m	arriage license):			**************************************		Date of Birth: (or age at time of marriage)
First Middle Last If Previously Married, State Name Used at that Time:					Residence (at time of marriage):	
First	Middle	Last			County	State
Marriage Information	A TANAL STREET, STREET			The John Control		View
Place Where Marriage License Was Issued:		Place Where Marriage Was Performed:		Marriage Certifi	icate No.:	Local Registration No.:
Town or City Purpose for which record i	County is required:	Town or City	County		D-40 of 1	<u> </u>
Fulpose for which record i	s requireu.		Date of Marriage or Period Covered by Search:  Married on or Search from:			
In what capacity are you a	What is your relation (If self, state "SELF"	relationship to person whose record is required? "SELF".)		(mm / dd / yyyy)  Search to: (if searching period) (mm / dd / yyyy)		
If attorney, give name and	relationship of your c	client to person whose recon	rd is required:			Sharond from Long 19934
Signature of Applicant  ▶		Date:	Applicant's Phone	Number:		
Name of Applicant:		Please print name and address where record is to be sent:				
Address of Applicant:						
City		State ZIP	City			State ZIP